PTO/SB/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application gr Docket Number 61904 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 X S OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA AFTER PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus 20 ENDM OR X S Minus OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-IENT **EXTRA** AFTER PREVIOUSLY TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) AMENDM OR Independent (37 CFR 1.16(b)) Minus X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CL AIMS HIGHEST 0 PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** ENDMENT **AFTER** TIONAL TIONAL AMENDME PAID FOR FEE ' FEE Total Minus (37 CFR 1.15(c)) OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFF 1.16(d)) OR TOTAL TOTAL ADD'L FEE ΛR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10+2

PATENT APPLICATION FL DETERMINATION RECORD Effective Octuber 1, 2001

ication or Docket Number 10/019049

CLAIMS AS FILED - PAR (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS							RATE	FEE		RATE	FEE
FO	R	NUMBER FILED		NUMBI	ER EXTRA		Basic Fee	•	OR	BASIC FEE	890	
TO	TAL CHARGEA	BLE CLAIMS	() min	us 20= '				X\$ 9=		OR	X\$18=	
INE	ERENDENT CL	AIMS	· / mir	nus 3 = [X42=		OR	X84=	/
MU	TIPLE DEPEN	IDENT CLAIM P	RESENT				+140=		OR	+280=		
• 15	If the difference in column 1 is less than zero, enter					olumn 2	•	TOTAL	·	OR	TOTAL	890
Column 1)				ED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
MO	Total	. 6	Minus	*2	A	= /		X\$ 9=		OR	X\$18=	
ME	Independent	• /	Minus .	sists 2	3	5		X42=	/	OR	X84=/	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT	CLAIM			+140=/		OR	+280=	
a la 1.16								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
1	12/04	(Column 1)		(Colum		(Column 3)						
ENDMENT B	5	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
Mar	Total	.6	Minus	-2	0			X\$ 9=		OR	X\$18=	
ME	A CHILL	• /	Minus	***	<u>3</u> .	-		X42=		QR	X84=	
7	FIRST PRESE	ENTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		ا ا	+140=		OR	+280=	
			٠.					TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	1/0/0.	5(Column 1)		(Colum	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIOMAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	. 13	Minus	-21	0	= /		X\$ 9=		ÖR	X\$18=	
HE	Independent	· /	Minus	*** 7		1/		X42=/		OR	X84=	
	INTEST PHESI	ENTATION OF N	NULTIPLE DE	PENDENT	CLAIM		1	+140=		OR	+280=	
	if the entry in col	umo i is iess inan	the entry in col	umn 2, write	°0° in co	duma 3.		TOTAL	•	OR	TOTAL	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR AD												
•	The "Highest Nu	mber Previously P	aid For" (Total o	or independ	ent) is the	e nignest numb	च्या १०।	nuo m me ab	propriate 00	a ut Ci	JAMES I.	